

INTERROGATORIES

- 1) EXPLAIN AND DESCRIBE YOUR DUTIES AND POSITION AT THE H.R.V.C.I.?
- 2) EXPLAIN AND DESCRIBE HOW C.M.S. TRAINED YOU FOR YOUR NEW POSITION ON WORKING IN A PRISON MEDICAL ENVIRONMENT?
- 3) EXPLAIN AND DESCRIBE WHY PLAINTIFF HAD TO BEG FOR 10 MINUTES AT HIS MEDICAL GRIEVANCE HEARING ON 1-11-07 TO BE SENT BACK FOR A FOLLOW UP WITH THE UROLOGIST AND WHY YOU KEPT TELLING ME ALL WE CAN DO IS GIVE YOU MORE Tylenol?
- 4) EXPLAIN AND DESCRIBE THE INFORMED CONSENT YOU RECEIVED FROM THE PLAINTIFF TO BE TREATED WITH MASSIVE AMOUNTS OF Tylenol KNOWING THAT HE WAS INFECTED WITH TWO DIFFERENT TYPE STRAINS OF THE HEPATITIS C VIRUS?
- 5) EXPLAIN AND DESCRIBE WHY YOU IGNORED PLAINTIFFS COMPLAINTS OF Tylenol NOT WORKING AND HE WAS IN SEVERE PAIN ALL THE TIME?
- 6) EXPLAIN AND DESCRIBE IF YOU ARE LICENCED AT WHAT YOU DO AND FOR HOW LONG?

- 7) EXPLAIN AND DESCRIBE WHO'S JOB IT IS TO SCHEDULE INMATES FOR DOCTOR'S VISITS ON THE OUTSIDE?
- 8) EXPLAIN AND DESCRIBE WHO APPROVES OR DENIES THESE MEDICAL RUNS TO A OUTSIDE DOCTOR?
- 9) EXPLAIN AND DESCRIBE WHO APPROVED OR DENIED PLAINTIFF'S FOLLOW UP APPOINTMENT WITH THE UROLOGIST AND FOR WHAT REASONS?
- 10) EXPLAIN AND DESCRIBE WHO'S JOB IT IS TO SCHEDULE AND FOLLOW UP ON PLAINTIFF TO SEE IF HE'S BEING TREATED?
- 11) EXPLAIN AND DESCRIBE THE INFORMATION YOU PROVIDED TO THE PLAINTIFF INFORMING HIM OF THE LONG AND SHORT TERM EFFECTS OF TAKING TYLENOL AND SIDE EFFECTS WHILE COINFECTED WITH TWO DIFFERENT TYPE STRAINS OF THE HEPATITIS C VIRUS?
- 12) EXPLAIN AND DESCRIBE THE RISKS OR POSSIBLE DAMAGE TO THE LIVER THAT YOU EXPLAINED OR GAVE TO PLAINTIFF ADVISING HIM OF THE LONG TERM DANGER USE OF TYLENOL?
- 13) EXPLAIN AND DESCRIBE THE PLAINTIFF'S MEDICAL CONDITION THAT YOU ADVISED YOUR SUPERVISOR ABOUT, AND THEIR REPLY TO THAT INFORMATION?

- 14) EXPLAIN AND DESCRIBE WHY THE RECOMMENDED TREATMENT YOU HAD GIVEN TO THE PLAINTIFF WAS THE GENERALLY ACCEPTED PROFESSIONAL STANDARD ACCORDING TO C.M.S.'S RULES OF PROCEDURES MANUAL AND THE NATIONAL COMMISSION ON CORRECTIONAL HEALTH CARE?
- 15) EXPLAIN AND DESCRIBE IF YOU'VE EVER BEEN DISCIPLINED, REPRIMANDED, WARNED, FIRED, OR SUSPENDED FROM THIS JOB AT H.R.V. C.I. OR ANY OTHER MEDICALLY RELATED JOB FOR INADEQUATE MEDICAL CARE?
- 16) IF ASPIRIN, MOTRIN, AND TYLENOL WAS NOT WORKING EXPLAIN AND DESCRIBE WHY YOU CONTINUED THIS COURSE OF TREATMENT?
- 17) EXPLAIN AND DESCRIBE ANY BONUSES OR INCENTIVES YOU RECEIVED OR WERE OFFERED OR KNOW ABOUT THAT YOUR EMPLOYER OFFERS OR USES TO MINIMIZE HIGH COST TREATMENTS ESPECIALLY TO THOSE WHO REQUIRE HOSPITALIZATION OR THE CONSULTATION OF SPECIALISTS?
- 18) EXPLAIN AND DESCRIBE HOW YOU CAME ABOUT GETTING YOUR JOB FOR C.M.S. AND THE REASONS YOU LEFT YOUR LAST JOB?

- 19) EXPLAIN AND DESCRIBE WHEN AND WHERE YOU RECEIVED YOUR LICENCE AND HOW LONG YOU'VE HAD IT?
- 20) EXPLAIN AND DESCRIBE WHAT OR WHO'S CUSTOM OR POLICY YOU WERE FOLLOWING WHEN YOU TREATED THE PLAINTIFF?
- 21) EXPLAIN AND DESCRIBE TO YOUR OWN KNOWLEDGE, IF YOU KNOW IF PLAINTIFF WAS TRANSFERED TO ANOTHER PRISON BECAUSE HE COMPLAINED TO MEDICAL TOO MUCH?

RESPECTFULLY,

Adam Wenzke
PLAINTIFF

July 29, 2008
DATE

ADAM WENZKE #182595
DELAWARE CORRECTIONAL CENTER
1181 PADDOCK ROAD
SMYRNA, DE 19777

CERTIFICATE OF SERVICE

I ADAM WENZKE, HEREBY CERTIFY THAT I HAVE SERVED A TRUE COPY OF THE 1 NOTICE OF
INTERROGATORIES UPON THE FOLLOWING PARTIES:

1) DEPARTMENT OF JUSTICE
OPHELIA M. WATERS
820 N. FRENCH ST
WILM, DE 19801-3509

2) OFFICE OF THE CLERK
U.S. DISTRICT COURT
844 N. KING ST. Lockbox 18
WILM, DE 19801-3570

By PLACING SAME IN A SEALED ENVELOPE, AND DEPOSITING SAME IN THE U.S. MAIL AT THE DELAWARE CORRECTIONAL CENTER, SMYRNA DE 19977

ON THIS 29 DAY OF JULY 2008

Adam Wenzke